

## **Address Confidentiality Program**

P.O. Box 91301 Baton Rouge, LA 70821-1301 225-925-4792 1-800-825-3805 acp@sos.louisiana.gov



## **CHANGE OF INFORMATION FORM**

Please complete and return this form **ONLY** if you are moving from the present location listed on your enrollment application form.

When do you wish to rece	ive mail at your r	n <mark>ew mailing</mark> a	ddress?	
			Month/Day/	Year
Participant(s) Name(s): _			_ Authorization ID#	
_			_ Authorization ID# _	
_			_ Authorization ID# _	
_			_ Authorization ID# _	
New Residence Address:				
		Address		
	City		State	Zip
New Mailing Address:				
(not ACP P.O.Box)		Address		
	City		State	Zip
New Telephone Number:				
	Area Code	Daytime		
	() Area Code			
	Area Code	Evening		
	() Area Code	Message		
Sign Here				

Please return immediately to:

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